

St. Bartholomew's Hospital



"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

JOURNAL.

VOL. XL.—No. 3.]

DECEMBER 1ST, 1932.

PRICE NINEPENCE.

CALENDAR.

Fri., Dec.	2.	—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Sat., "	3.	—Rugby Match v. Rugby. Away. Association Match v. Guy's Hospital. Away. Hockey Match v. Surbiton II. Away.
Mon., "	5.	—Special subject: Clinical Lecture by Mr. Elmslie.
Tues., "	6.	—Dr. A. E. Gow and Mr. Girling Ball on duty.
Wed., "	7.	—Rugby Match v. R.M.A. Woolwich. Home.
Fri., "	9.	—Prof. Fraser and Prof. Gask on duty.
Sat., "	10.	—Rugby Match v. Northampton. Away. Association Match v. Old Brentwoods. Away. Hockey Match v. R.N. College. Away.
Mon., "	12.	—Special subject: Clinical Lecture by Mr. Just.
Tues., "	13.	—Sir P. Hartley and Mr. L. Bathe Rawling on duty.
Fri., "	16.	—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Sat., "	17.	—Rugby Match v. Old Paulines. Away. Association Match v. Harrods. Away. Hockey Match v. Old Felstedians. Home.
Mon., "	19.	— Last day for receiving matter for the January issue of the Journal.
Tues., "	20.	—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Fri., "	23.	—Dr. A. E. Gow and Mr. Girling Ball on duty.
Sun., "	25.	— Christmas Day.
Tues., "	27.	—Prof. Fraser and Prof. Gask on duty.
Fri., "	30.	—Sir P. Hartley and Mr. L. Bathe Rawling on duty.
Sat., "	31.	—Rugby Match v. Moseley. Home.

EDITORIAL.

THE appeal on behalf of the Medical College is progressing steadily, and we are able to publish a letter from the Dean stating the exact position at the present time. It is hoped that a still larger number of old Bart.'s men will give their help, however small, at this vital moment in the history of the Medical College. There can surely be no better

friend this Christmas than one's old medical school, to whom a present is long overdue.

The Dean writes:

"DEAR MR. EDITOR,—The present position of our efforts to acquire funds on behalf of the Medical College is as follows:

"We have collected from old Bart.'s men £22,000, from other sources about £6000, and we have a promise from the Court of the University of London that it will give us £5000 when we are within reach of the figure which will enable us to acquire the site. We are of the opinion that it will be possible to negotiate for the site when we can see our way to acquiring £70,000. The Merchant Taylors' Company have extended our option until the end of the year.

"The above total of £33,000 we hope will be added to very shortly by contributions from the Corporation of the City of London, some of the City companies, and other donors with whom we are in contact. Furthermore we are now permitted by the University of London to make a general appeal to the public which will shortly be launched. This move has the concurrence of the Governors of the Hospital. We have in addition the Harvey Laboratory building, which is valued at £20,000. These circumstances make us very hopeful of acquiring the site which is our earnest desire and the wish of everybody connected with us.

"It is difficult to believe that all the Bart.'s men who intend to do so have contributed to the fund, because we have only received from 330 men out of 3800 on the register. The figure that this number has subscribed is magnificent and we are indeed grateful. We do hope that the number will be greatly added to; in fact, we should like to have every Bart.'s man's name on the list, however small his donation may be.

"We know that some feel quite unable to do so, but it has been very gratifying to have letters expressing

their goodwill; others, however, we feel may be thinking that it is improbable that we shall acquire the site and are therefore not willing to send subscriptions. To these we would state that our view is quite the opposite to this, but we would like them to know that if they wish their money to be returned to them in the event of the scheme not materializing, we are willing to send it back, provided that they will say that this is their wish when the contribution is sent.

"Again we are told that men are not subscribing because they fear their contribution will be too small. No contribution is too small. The students are already commencing to respond to the appeal, and we trust that they will help in every way possible. We are extremely grateful for their assistance.

"Sincerely yours,

"W. GIRLING BALL,

"*Dean of the Medical College.*"

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Congratulations to Dr. Cullinan on his election to the post of Assistant Physician to the Hospital.

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We have been asked to announce that the Amateur Dramatic Society will give their annual performance, by kind permission of the Treasurer and Almoners, on January 10th to 13th, in the Great Hall. They have chosen Dion Titteradge's play, "The Crooked Billet," for their production.

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The Abernethian Society were unusually fortunate in obtaining Lord Moynihian of Leeds as their Inaugural Lecturer on November 3rd. The charm and elegance of the oratory, combined with the interest of the subject, provided the large audience with an entertaining evening.

The President, in introducing his Lordship as a fellow Bart.'s student, proposed that the Society should take the opportunity of electing him an honorary member. This honour had only once been conferred in recent years to a non-Bart.'s man; that was to Prof. Cabot, in 1926. The proposal was carried with enthusiasm.

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We have heard a great deal lately of the pros and cons of the Inter-Hospital Rugby Cup Competition. The final decision as to whether it will take place this

season seems to depend on the future position of the "pros" at a certain other London hospital.

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We regret to announce the retirement of Dr. W. S. Baxter from the post of Editor to the JOURNAL after rendering valuable services during the past few years. Mr. J. M. Jackson has been appointed Editor, and Mr. D. W. Moynagh Assistant Editor.

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The library has recently obtained a collection of papers, letters and certificates, the property of the late Dr. Matthews Duncan, and which have been presented to the Hospital by his eldest son, Mr. W. M. Duncan.

The material is rich in historical interest, and contains letters from many of the leading medical personages of the last century, as well as from Duncan's great friend, Queen Victoria.

The collection has been arranged in eight volumes, of varying sizes, bound pleasantly in half brown niger with gold lettering, and indexed by hand. The largest volume consists of sixty-four miscellaneous letters, commencing with a series of six in the neat handwriting of Sir James Paget.

It is to be hoped that these historical relics will not be allowed to moulder in secret cupboards of the Library, and that with the passing of the present financial crisis, some effort should be made to gather in orderly fashion the many books, pictures and instruments that are scattered throughout the Hospital, and which tell the story of past ages and past events.

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We have to announce with regret the death on November 21st of a distinguished old Bart.'s man, Mr. Ernest Clarke, at the age of 75. He was the elder son of Mr. Henry Clarke, of Cannon Hall, Hampstead, and was born on July 21st, 1857.

Mr. Clarke was educated at University College School, from where he obtained an Exhibition in Science to St. Bartholomew's Hospital in 1876. He obtained the M.B.London in 1881, the M.D. in 1885, and a F.R.C.S. in 1894, after serving as House Surgeon at this Hospital. He practised at Blackheath for a few years, but eventually determined to devote himself to ophthalmology, in which branch of surgery he attained much success. His book, *The Refraction of the Eye*, reached its fifth edition in 1924.

Mr. Clarke will be missed, not only by his friends and relations, but also by many devoted patients.

OBITUARIES.

THE LATE DR. C. D. KERR.

HE late Dr. Kerr was born in 1886, and was educated at Plymouth and Mannamead College; he entered St. Bartholomew's in 1904, and qualified M.B., B.S.(Lond.) in 1911.

During his course he won the Junior Scholarship in Anatomy and Biology in 1906, and the Skinner Prize in Morbid Anatomy in 1910.

After qualification he was House Surgeon first at the Royal Surrey Hospital, Guildford, and then at St. Bartholomew's in 1912-13 to the late Mr. C. B. Lockwood, and on his retirement to Mr. McAdam Eccles.

He went to West Australia in 1913. During the Great War, having been rejected for active service, he served at the Military Hospital at Fremantle with the rank of Captain (Australian Army Medical Corps). He practised in Fremantle from 1917 to within a few months of his death, and was appointed Surgeon to the Fremantle Public Hospital in 1918, and later was Senior Surgeon to that Institution. He was also Gaol Medical Officer to the Fremantle Prison, Police Surgeon, and Divisional Surgeon to the St. John Ambulance Brigade, and was Chairman of the Health Committee of the Fremantle City Council.

His publications included "Two Cases of Acute Pancreatitis Simulating Perforated Duodenal Ulcer," "A Case of Lateral Sinus Thrombosis with Hernia Cerebri Ending in Recovery," and "A Bush Doctor's Practice," all published in the Hospital JOURNAL.

He leaves behind him a wife, two sons, and a daughter who is studying medicine at Melbourne.

Dr. Shore writes: "Kerr was a fellow student of mine when we were clinical clerks for Dr. Herringham (as he then was) and Dr. Drysdale in 1910, and was one of the enthusiastic following that those two collected, of which the greater number in due course came on to the House. In 1929 he suddenly appeared in the Museum, apparently little altered in the interval. His enthusiasm for his profession prompted him to work for the M.D. His indefatigable industry was in all probability one of the causes of his ultimate breakdown."

THE LATE MR. C. R. PYLE.

The Hospital and the Medical College of St. Bartholomew's have lost a staunch servant in the "passing over" of Christopher Rice Pyle on October 14th, 1932,

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who was appointed Resident Clerk of the Works by the Governors in March, 1908.

Mr. Pyle was born in 1866, and was one of a family who, for at least three generations, have been connected with the building trade.

To the Governors of the Hospital he was a most devoted, tactful, conscientious and capable servant, and punctiliously carried out the duties by exerting his abilities with zeal and fidelity to the advantage of the Hospital, and at all times acted with diligence, honesty and uprightness.

Mr. Pyle was ever observant, and sought for knowledge of the various wants and needs of Hospital fittings and plant; this, coupled with an inventive mind, led him to conceive and develop many improvements in Hospital fittings and appliances, all of which are in constant use at Bart.'s, with which Hospital they are associated under the trade name of "Barts-Pyle." The following are a few, and perhaps the more important, of his inventions:

A gas-stove for the use in ward kitchens to give heat to the occupants and warm storage for food, and the possibility of cooking very light food; a drum stand for use in operating theatres; a bed-pan washing and sterilizing cabinet; a metal bed-pan easy of sterilization, and an apparatus for the automatic control of hot water supply to baths. The table recently erected in the throat operating theatre in the East Wing is typical of his developments of the needs put forward by the surgeons, which with certain mechanical devices renders it applicable to the necessary positions of the patient under operation.

The Dean and Council of the College always found Mr. Pyle ready to render any service required from the Works Department.

The writer has been associated with the late Mr. Pyle, as head of his Department, for the last twenty years, and a more loyal, conscientious and capable assistant could not be desired by any principal.

Deep sympathy in their bereavement is extended to Mrs. Pyle, her three daughters and their families.

H. E. M.

ACKNOWLEDGMENTS.

The British Journal of Nursing—The Nursing Times—The Caduceus—The Charing Cross Hospital Gazette—The Guy's Hospital Gazette—The Middlesex Hospital Journal—The St. Thomas's Hospital Gazette—The Clinical Journal—The East African Medical Journal—The General Practitioner—The Hospital—Bulletins et Mémoires de la Société de Médecine de Paris—L'Echo Médicale du Nord—The McGill Medical Undergraduate Journal—The Medical Forum—The Medical Times and Long Island Medical Journal—The Post-graduate Medical Journal—Reale Società Italiana D'Igiene—Revue Belge des Sciences Médicales—The Student.

SOME OXFORD MEMORIES OF SIR FREDERICK ANDREWES.

THE following recollections of Sir F. Andrewes in his youth by three old Oxford friends who now hold very distinguished positions in the University cannot fail to be of great interest to his colleagues, and to his numerous old pupils and friends at St. Bartholomew's.

The Hope Professor of Zoology, Prof. E. B. Poulton, D.Sc., F.R.S., writes :

"Sir Frederick Andrewes, born in 1859, was the eldest of four sons by the second marriage of the late C. J. Andrewes, of Reading. His father, who was keenly interested in the municipality, had been Mayor, and was at the time of his death the senior Alderman. He was also a J.P., and would sometimes take one of his sons when very small to sit beside him on the Bench. His love for Reading seemed to be unconsciously expressed in his personality: 'Look at him walking along as if the whole town belonged to him,' were the words once used by a mutual friend when we caught sight of him in Broad Street.

"Andrewes's charming and spontaneous humour, remembered by so many friends, was evidently inherited from his father's family, being equally characteristic of his two half-brothers, of whom the younger, the late Walter F. Andrewes, born in 1854, would in the opinion of many friends have been eminently successful if he had followed a literary career. Among many memories of his irrepressible sense of fun, I may mention one occasion when he was visiting us, and seeing on a little diary the note 'W.F.A. comes,' secretly wrote under a later date 'W.F.A. goes. Mem.: Count family plate,' and then remonstrated with me for the insult! I shall never forget a delightful river excursion with Walter and Fred in the long vacation of 1878, rowing and towing with an occasional sail when the wind was favourable, from Reading to Lechlade and back; also the vain attempt to repeat the glorious adventure—for it was something of an adventure in those days—in the terrific rain of the following summer.

"It was our common interest in natural history, especially entomology and geology, which led to a special intimacy between Frederick and myself, and almost bridged the gap between our ages—three years that mean so much in youth and so little in later life. We were also brought together by circumstance. Reading during our boyhood and youth was a flourishing, efficiently administered business town, in which comparatively little interest was felt in intellectual subjects or intellectual pursuits. The happy change wrought

by the University College and its culmination in the University of Reading—a change initiated by Andrewes's own College, Christ Church—was still in the unimagined future. In those days the relatively few young men who were keenly interested in science were naturally brought together and bound by the closest of ties—mutual sympathy and help. Hence we were often companions on geological and entomological expeditions, and always met to compare the experiences of the summer holidays, and later of the Long Vacations.

"Andrewes was keen to detect any strange form of a common insect, and among the British butterflies in the Oxford University Museum there is an interesting lemon-yellow form of the male 'Clouded Yellow' (*Colias edusa*, or as it is now called, *croceus*), taken by him at Sidmouth in 1872, and an interesting variety of the 'Small Tortoiseshell' (*Aglais urticae*) from Caversham Warren, near Reading (about 1873). Also, from the same locality and about the same date, a rare gynandromorph of the 'Brimstone' (*Gonepteryx rhamni*), with patches of the greenish-white colouring of the female let into the bright yellow of the male wings. This remarkable specimen is figured in the *Transactions of the Entomological Society of London*, 1928 (Plate XXII, fig. 14, and p. 524). Of even more significance was the description he once gave me of the wonderfully beautiful 'Herald Moth' (*Scoliopteryx libatrix*), with a shape and colouring of reds and greys like a dead and decaying leaf, and the habit of hibernating in sheltered places where such leaves were likely to drift. He was especially struck by the minute dots like touches of Chinese white upon the fore legs and wings, and suggested that they represent one of the fungi which commonly grow on damp, dead leaves and pieces of stick. Then, as he was examining the living specimen in his father's garden and thinking of these resemblances, the moth was suddenly startled and flew off; whereupon a robin caught and devoured it before his eyes—clear evidence of palatability to insect-eaters, and the danger which diurnal flight would bring to a species with the adaptations of the 'Herald.'

And quite apart from the joy of observing and collecting he had an intense delight in the country, seen and loved as it could be before the deadly triumphs of the internal combustion engine.

"I especially recall his kind and efficient help in the study of an interesting section of the Thames river gravels and the Lower Tertiary beds below them, on the Redlands estate near his father's house at Reading (*Quart. Journ. Geol. Soc.*, May, 1880, pp. 301, 302). It is a pleasant thought that in companionship of this kind was fostered the interest in geology which led to his becoming the Burdett-Coutts University Scholar of

1883. I remember his telling me that, in preparing for the examination, he thought it would be a waste of time and memory to learn in its right order the list of ammonites, each of which gives its name to one of the zones of the lias, and how he constructed an amusing, and, as it turned out, an invaluable *memoria technica* to overcome this difficulty. When Andrewes entered for a Junior Studentship at Christ Church I was told that the examiners were especially pleased with his English essay, and the adventitious aid which it gained from his handwriting—a result which provoked the hilarity of his family; but then families are apt to think lightly, or to profess to think lightly, of qualities admired by others.

"He was warmly appreciative of skill and good work wheresoever he saw it. I remember how, when an undergraduate, working in Prof. George Rolleston's department, he spoke with admiration of the way in which the Senior Demonstrator, Charles Robertson, would display the anatomy of the leech by a single longitudinal incision, saying, 'You mustn't do it this way—I may'; and the enthusiasm with which he described an operation by Sir W. Savory, the great St. Bartholomew's surgeon.

"Returning to his younger years at Reading, I recall his success in a 'spelling bee' held in the Town Hall about 1878. At this curious form of entertainment, which had recently arrived from America, men and women went on to the platform to be tested and often-times exposed to the derision of their fellow townfolk. The Chairman, H. J. Simmonds, gave the meeting a good send-off with these words, referring to a clergyman who was unable to preside: 'What is the use of a bee without honey? But alas, Mr. Honey is not here to cast his spell over the audience.' The shouts of joy which attended the effort of a well-known citizen who was commanded to spell 'phlegm' and replied in loud and confident tones 'f-l-e-m' may well be imagined; as well as the laughter which arose when a director of the great firm of biscuit-makers was given 'macaroon'; and similar scenes were at this period being enacted all over England. Andrewes was by some years the youngest of the candidates, and I remember the chairman referring to him as 'the boy.' He easily polished off 'anacephalæosis' as well as numbers of other hard words until the competitors were reduced to two, when, after the dismissal of the other survivor, he finally won by his correct spelling of the strange word 'apricity.' In attempting to describe the events of that evening I have been aided by Andrewes's younger brother Herbert, the eminent authority on Oriental Carabid beetles, who tells me that he is even to this day infuriated because he was not allowed to go up on the platform!

"I cannot conclude these brief memories of a dear,

life-long friend without referring to the home which did so much for him. To be, as Andrewes was, one of a large family—large in these days at least—with members differing in many ways, but united by love and sympathy, is to grow up under the most favourable of conditions, and it is a sad thought that in these later years comparatively few of our young people are able to enjoy them."

The Dean of Christ Church, the Very Reverend H. J. White, D.D., writes:

"F. W. Andrewes came up to Ch. Ch. as a 'Junior Student' (he would now be called a 'Scholar') in 1878. The College in those days was broken up into a number of small sets, and there was no Junior Common Room to act as a unifying influence. This was no doubt bad from a College point of view, but it was very nice for the sets; whatever a man's tastes and income were, he could always find a dozen or so of like-minded companions, and with these he could live in very close friendship. The Junior Students naturally formed a little society of their own, and with such men as C. W. Payne, W. A. Wood, etc., Andrewes was in close touch from the beginning; but his set also included some Commoners, such as T. G. A. Burns, T. Garnett and myself. We were, on the whole, a hard-reading group who took our work seriously, and yet contrived to get a great deal of enjoyment out of Oxford life; and as I look back upon it after more than fifty years' interval, I can say with all sincerity that it was enjoyment of a very simple and innocent kind. Few of us were great athletes or did much for the College beyond getting good classes in our respective schools; but none of us were sent down, or did anything that deserved sending down.

"Andrewes was thin and wiry, a fair man at lawn tennis and a mighty walker; fond of music and possessed of a respectable baritone voice; his singing was at its best in burlesque, and his rendering of 'The Death of Nelson' (with a blue tea-cosy on his head to give him a naval appearance) was a climax to many a festival in College rooms.

"In conversation he was unfailingly interesting and amusing; all the more because his humour was natural and spontaneous, and he was *not* that worst of all bores, the professional funny man; but there were great depths of seriousness in him, which his friends would realize in quiet talks and arguments.

"Brilliant as were his abilities, his powers of work were worthy of them; he always read hard and regularly. We were in lodgings together when he was competing for the Burdett-Coutts scholarship; he was then working night and day, though the strain was almost more than he could bear, and he would groan when I wakened him of a morning."

The Regius Professor of Ecclesiastical History, Canon E. W. Watson, D.D., of Christ Church, writes :

"We were exact contemporaries and very good friends, though our studies were quite different, as were our Colleges. We were often in each others' rooms and spent a long vacation together at Jena, where he devoted himself to the practice of methods of preparing microscopic sections, etc., for his work in physiology. It was a time when Englishmen were painfully conscious of inferiority to Germans, and he, and I in another pursuit, were unabashed in recognizing our debt. Perhaps we exaggerated, but it made us eager to learn. He was a most interesting companion, collecting snails and poisoning insects with laurel leaves in our spare time, and in various ways I learned much from him that I still value. In 1882 he and I shared another venture. We were not athletes, though we were healthy and took regular exercise, and it occurred to him that we should follow a fashion of the time and walk from Oxford to London in a day. We started from my rooms soon after midnight (Andrewes's brother Herbert remembers that the start was made at 1 a.m.), at Commemoration time, had a delightful walk to High Wycombe, where we breakfasted. With less enthusiasm but without serious discomfort we made our way to Uxbridge, where we lunched. Thenceforward it was a purgatory, trudging through smoking brickfields and suburbs to Inverness Terrace near Hyde Park, where two of my friend's good aunts gave us a welcome bath and tea, with many expressions of doubt as to our sanity. Andrewes insisted after this on our finishing the task by walking to Paddington to the train. When we reached Oxford I confess that I took a cab to my rooms; but he went on foot to his.

"All who knew Andrewes when he was young, and I have heard that the gift did not fail in later life, must have admired his really remarkable sense of humour. It was never exercised on an unworthy topic, and it seemed to consist in a striking capacity for associating together widely incongruous ideas. Flights of imagination into impossible regions were mixed with most prosaic suggestions, and the result was ludicrous. Sometimes—perhaps often—this was little more than a play on words, but even that was effective.

"I cannot help thinking that had it been his lot, instead of a life of experiment, to sit in a chair and turn over books like Burton of the *Anatomy of Melancholy*, or like Lewis Carroll, to allow free play to an uncontrolled imagination, he might have achieved success. There was a strong element of the seventeenth century, with its quaintness and freedom from restraint, in his habit of mind.

"Of course I have said nothing and could say nothing

of his scientific success. It was no surprise to me. But perhaps you may find some interest in the thoughts of one who had the honour of Andrewes's friendship, though not latterly of much association with him, throughout his life."

ANTONIO SCARPA.*

BENJAMIN WARD RICHARDSON, who wrote a glowing eulogy of Antonio Scarpa, told the story of one of his students who, in answer to the question, "Who was Scarpa?," replied, "The anatomist who invented the Triangle!"† A man's name is sometimes a convenient label for an elaborate syndrome or a complicated operation which could only be identified by the tiresome repetition of cumbersome and lengthy expressions; and sometimes the name is attached to glorify the eponym. I have no doubt that it was with the latter object that Scarpa's triangle was named, but I believe that our familiarity with the anatomy of the part has led us to infer that the man who described so obvious a structure must have been a person of very moderate ability. The hideous injustice of this assumption may be shown by a brief account of Scarpa's life and work, and it is appropriate to make such a survey now, since we have reached the hundredth anniversary of his death.

Though we have no doubt about the accuracy of this statement, the date of his birth is not definitely known, being given as 1746, 1747 and 1748 by different authorities. He was born, of humble parentage, at Motta di Livenza, a small town on the Italian slopes of the mountainous country which lies between Northern Italy and Austria.

He studied medicine at the ancient university of Padua, and when only 22 years of age was elected Professor of Anatomy at Modena. He determined to extend his knowledge by visiting centres of learning abroad, and with this object he travelled to Holland, France and England, and on his return he was appointed Professor of Anatomy at Pavia (1783) at the age of 37.

In this appointment he was most fortunate, for the Anatomy School at Pavia was large, justly famous, and attracted students from all over Europe. Dissection was unrestricted, and there was a good museum. In addition Pavia was an attractive spot for visitors and residents, and medical practice could become extremely lucrative. Scarpa seems to have been fortunate also in

* A paper read to the Osler Club on October 21st, 1932.

† *The Asclepiad*, 1886.

his colleagues at the University, amongst whom was Alessandro Volta, Professor of Natural Philosophy.

Scarpa's earlier publications dealt with purely anatomical subjects—researches on the nerves of hearing and smell (1789); on the structure of the fenestra rotunda and the labyrinth (he described the membranous labyrinth, and the fluid of the labyrinth was known for many years as the "Liquor Scarpæ"); and a treatise on the nerves of the heart, *Tabulæ Neurologicæ* (1794). He illustrated these works with supreme talent, and a well-known critic has stated that his plates "may be considered among the best anatomical plates that were ever published. They are admirably expressive of the subject, without the gaudiness of the French engravers, who appear to aim principally at effect, or the tameness of the English, who seem to think of little else except economy." Faustino Anderloni executed copper engravings from these drawings, and it is believed that Scarpa himself trained Anderloni for the task.

His later works, though always based on anatomy, refer to surgical problems, and his title changed to Professor of Anatomy and Clinical Surgery in the University of Pavia. He later became Director of the Medical Faculty.

A Commentary on the Structure of Bone appeared in 1799. It treats of the structure, growth and diseases of bone, and includes an essay on the causes and treatment of club-foot, which Sir Arthur Keith has described as "the first accurate account of the state of the bones, ligaments and muscles in cases of club-foot."

In 1804 he published his book on the *Pathology and Surgical Treatment of Aneurysm*, in the course of which he described in detail "Mr. Hunter's operation for the radical cure of popliteal aneurysm, and . . . those changes which practice has suggested to me ought to be made in it." The most important modification lay in the site of ligature. "The surgeon pressing with his forefinger will explore the course of the superficial femoral artery from the crural arch downwards, and when he comes to the place where he does not feel any more, or very confusedly, the vibration of the superficial femoral artery, he will there fix with his eye the inferior angle or extremity of the incision which he proposes to make for bringing this artery into view. This lower angle of the incision to be made will fall nearly on the internal margin of the sartorius muscle, just where this muscle crosses the course of the superficial femoral artery, and at the apex of the triangle formed by convergence of the adductor secundus (brevis) and vastus internus muscles of the thigh." This point lies deep to, but is not the apex of the femoral triangle. The question whether Scarpa actually described the femoral triangle is of less importance than the fact that he was the first

to advocate ligature of the superficial femoral artery at this point for the cure of popliteal aneurysm.

Scarpa devoted a great deal of thought to the pathology of aneurysm, the causes of the condition and the changes which occur in the sac during the process of natural cure. But his interest in diseases of the blood-vessels was not limited to aneurysm, and he was the first to regard arterio-sclerosis as a lesion of the inner coats of the arteries.



Scarpa

The next important work is that on common and rare forms of hernia (1809), also beautifully illustrated. This was the nearest approach to abdominal surgery possible at that time, so that Scarpa must be regarded as, in the fullest sense, a general surgeon. First orthopaedics, next vascular and abdominal surgery—and then he turned his attention to the surgery of the eye, which he regarded as another branch of general surgery. "Professed oculists," he wrote, "who have already devoted themselves to this department, and from whom great and important improvements might justly have been expected, have only contributed new theories,

which, for the most part, have been disproved by a minute anatomical investigation of the eye, or have merely furnished histories of cures little less than miraculous." He evidently despised the specialists! The book contains drawings of the instruments he used when operating upon the eye, and it is evident that Scarpa appreciated delicate and well-fashioned instruments, and was therefore probably dexterous in their use. He revived the old operation for cataract by *depression* as opposed to extraction of the lens, and he described (with acknowledgments to Cheselden) a new method for making an artificial pupil.

Among his shorter papers is an important "Memoir on Scirrhus and Cancer" (1822), in which he showed that his interest in pathology was as great as his love for anatomy, though, as one would expect, the fanciful theories of his pathology were of much less value than his accurate anatomical observations. He believed in the local origin of cancer, but he held that, though a local disease, it was founded on some general predisposition, a trivial exciting cause producing the local growth in a predisposed person. If we could manage to take him aside and explain that we now speak of a living virus and a specific chemical factor instead, I have an idea that old Scarpa would feel quite at home at a conference of cancer research workers at the present day!

There were other differences in the older terminology, for Scarpa wrote of "scirrhus" as an early stage of the growth which later developed into cancer, the latter, in contradistinction to the earlier insensitive stage, being attended with pruritus, burning heat, pain and swelling of the glands. He taught that the only hope of cure lay in removing the growth in the stage of scirrhus before it had degenerated into cancer—which is still our position a hundred years later.

Among his many minor contributions must be mentioned papers on cutting for the stone, and on hydrocele, and a description of causalgia, which was called "cubito-digital neuralgia" (Garrison).

Scarpa possessed the personality and attributes of the ideal surgeon. He was resolute and confident, imparting confidence to his colleagues and patients. He was keenly observant, and his great intellectual powers enabled him to apply his observations to the advancement of surgery. Since he was a successful ophthalmic surgeon, we may assume that one of his virtues was gentleness.

His enjoyment of leisure was enhanced by many interests outside professional affairs, and when he retired he was able to live in comparative splendour, and to devote himself entirely to the study of agriculture and the collection of works of art.

He received many honours in his own country, and

abroad his greatness was acknowledged by the bestowal of Membership of the Académie des Sciences, and the Fellowship of the Royal Society. After his death in 1832, the President of the Royal Society (the Duke of Sussex) paid him the following princely tribute:

"Antonio Scarpa, one of the eight foreign members of the Académie des Sciences of Paris, and probably the most profound anatomist of the present age, was born in the year 1746 and died in October last in his 87th year. He was made Professor of Anatomy in the 22nd year of his age, and for the last half century he has been placed by the common consent of his countrymen at the head of their anatomists and surgeons. He was the author of magnificent and classical works on the organs of hearing and smell, on the nerves, on the principal diseases of the eye, on aneurysm, on hernia, with memoirs on many other subjects of physiology and practical surgery. He had accumulated a handsome fortune by the practice of his profession, and had collected in his palace at Pavia a considerable number of works of art, where he lived for the latter years of his life surrounded by his pupils, revered by his countrymen, and in enjoyment and contemplation of that brilliant reputation, the full development of which a great man can rarely live to witness."

J. PATERSON ROSS.

CORONARY THROMBOSIS WITHOUT PAIN.

TWO cases of coronary thrombosis without any history of a painful onset have lately been admitted to this Hospital and the diagnosis has been confirmed at autopsy.

On reviewing the literature to seek for accounts of similar cases, it became apparent that coronary thrombosis without pain is more common than is usually realized, and it is to stress this fact that the cases described below have been recorded.

East Bain and Cary (1) in 1928 described eight cases of thrombosis without pain, and Wedd (2) two others, and there are quite a number of papers (3, 4, 5, 6) drawing attention to the fact that pain may be quite overshadowed by other symptoms, such as dyspnoea, this being the case in as many as 38% of one series of 76 cases (7).

The onset of coronary thrombosis may be heralded in three ways:

There may be almost instantaneous collapse and death.
There may be, and more frequently is, a sudden severe

constricting pain in the chest or upper abdomen, possibly radiating to the neck and arms. This is usually associated with a feeling of intense weakness.

The thrombosis may occur without pain, and the diagnosis in this type of case may be extremely difficult, but may usually be made if all the facts of the case are properly considered. The subject is usually a man, the condition occurring twice as frequently in the male sex, and is often of heavy build, perhaps rather overweight. There is frequently a hereditary factor in a history of cardio-vascular disease in his ancestors, or there may be a predisposing cause, such as hyperpiesis or diabetes. A past history of anginal attacks may usually be elicited by careful questioning. There is a sudden onset of either paroxysmal or continuous

complete thickness of the wall of the ventricle, softening may result in aneurysm formation and rupture. Ventricular fibrillation is also another frequent cause of sudden death.

Three other pieces of information may assist in making the diagnosis, namely, leucocytosis, rise in temperature and changes in the electro-cardiographic tracing; but it must be remembered that the first two of these signs may result from a sterile infarct in any organ of the body. The changes that may occur in the electro-cardiogram are numerous, but the most common is the origin of the T wave, in either lead I or III, being high on the down stroke of the R, the opposite effect being seen in the other lead—that is, a depression of the ST origin. In addition to this change the QRS complex



ELECTRO-CARDIOGRAM OF A CASE OF CORONARY THROMBOSIS, SHOWING ALSO PARTIAL HEART-BLOCK.

Note: (1) Prolongation of PR time, the P wave being superimposed on the previous T. (2) Left-sided preponderance. (3) Abnormal "take off" of the T wave which is spread out, bifurcated in I and inverted in II and III.

dyspnœa, great weakness and restlessness. The patient becomes ashen grey, cold and sweating. The pulse is usually poor in volume and the rate often raised, but it may be slowed if there is heart-block. Irregularities may be present due to extra-systoles, paroxysmal auricular fibrillation or ventricular tachycardia. The blood-pressure usually falls and the apex-beat cannot be defined, but the area of cardiac dullness is increased. The first heart-sound is very soft, and there may be *râles* at the bases of the lungs due to pulmonary œdema. Later, according to the site of the thrombosis, various sequelæ may follow. If the pericardial surface is involved friction will develop; if the endocardium is affected a mural thrombus may form, with subsequent detachment and embolism of the cerebral, renal or splenic vessels. If infarction of the septum has occurred there may be heart-block, or, if the infarct involves the

may be of low potential or spread, and one or more of the T waves may be inverted.

The prognosis in coronary thrombosis is that about 50% make an immediate recovery, the immediate danger period being about three weeks, but the ultimate prognosis is bad.

The treatment consists of the use of morphia in large enough doses to control the pain and restlessness, and the treatment of complications. Immediate shock may be counteracted by caffeine sodium benzoate 5 grm. subcutaneously and warmth; later, for cardiac failure, digitalis may be used. Heart-block is treated with adrenalin or barium, and ventricular tachycardia by quinidine.

W. B—, a man, at. 42, had always been a healthy individual. He awoke on the day of admission with a slight headache, and while at work, at 9.30 a.m., his

vision became misty, his hands numb, and he lost consciousness. He recovered and passed a loose stool and was then brought up to hospital.

On admission he was collapsed, ashen grey and sweating. His pulse was of poor volume and very rapid, and the systolic blood-pressure was only 70 mm. of mercury. The apex-beat was not palpable, but the area of cardiac dullness was 2 in. outside the mid-clavicular line. The liver was palpable 2 in. below the costal margin. No abnormal signs were found in the central nervous system. At mid-day he complained of a slight burning sensation in the chest, and his blood-pressure had dropped to 60 mm. At 4.30 he passed another loose stool and then collapsed, vomited and became unconscious, and at 9.40 died, about twelve hours after the onset of his symptoms.

In spite of the absence of pain, a diagnosis of coronary thrombosis was made on account of the clinical appearance of the man, the lowness of the blood-pressure, the enlargement of the heart and the feebleness of the heart-sounds. This was confirmed at autopsy, when the left ventricle was found to be almost completely infarcted.

There was no evidence of previous thrombosis, but there was atheroma of the aorta from the second part downwards, and also to a less degree of the basilar artery. The only other pathological condition was œdema of the lungs and a small effusion in the left pleural cavity.

E. P.—, a short, heavily-built man, æt. 64, was brought to the hospital in a taxi, having collapsed. For the last ten years he had been taking thyroid extract, gr. vj, daily to combat mental and bodily lack of energy, which had developed quite suddenly. For the last few months he had been feeling unfit and had been rather short of breath, but had had no pain. He decided to go for a holiday, and was actually standing on the platform awaiting a train to take him to Worthing, when some friends who were with him noticed that the right side of his face was twitching, and he then became faint. They placed him in a taxi and he collapsed completely. I was called out to the taxi to see him on its arrival at the hospital, as he was thought to be already dead. He was very cyanosed and his pulse hardly perceptible, but with artificial respiration and oxygen he soon began to breathe more deeply and recovered consciousness.

On examination no abnormality was found in his central nervous system. The ocular fundi showed tortuous arteries, but no other abnormality. His pulse was rapid, but regular and of fair volume. The chest was much deformed owing to an old scoliosis and kyphosis, and therefore there was difficulty in ascertaining the size of the heart. The first sound was weak and muffled, and there was a systolic murmur. The blood-

pressure was 155/80. On examination of the lungs there was found to be œdema of the bases, and on abdominal palpation the liver was felt an inch below the costal margin. The patient's condition at first improved, but eight hours after admission he suddenly collapsed, became cyanosed, his breathing became shallow and he died within a few minutes, without having complained of pain throughout the attack.

On account of the absence of physical signs in the central nervous system, the sudden onset of the collapse, with cyanosis, the rapid pulse and weak first heart-sound, the case was reported to the coroner with a tentative diagnosis of coronary thrombosis, and at post-mortem examination a thrombus was found blocking the lower third of the anterior descending branch of the left coronary artery. There was also advanced atheroma of the aorta involving the aortic valves and the coronary arteries. The heart muscle was pale and friable, and there were several small "bread-and-butter" patches of pericarditis. The circle of Willis showed atheromatous changes, and there was some brown staining of the lateral wall of the posterior horn of the right ventricle, suggesting the site of an old thrombosis. The lungs showed basal congestion.

I should like to express my thanks to Prof. Fraser for permission to publish the notes of these cases.

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G. D. KERSLEY.

SOLITUDE.



WHEN I passed by this pond at noon to-day
All was still :

The orchard and the clouds reflected lay
Untroubled in its depth. Nearby at play
A child sang in the mill.

Now, when I pass again as evening falls,
No less still

The pond and orchard are ; and if one calls
There's no reply. At length the silence falls :
The child has left the mill.

C.

LUMBAR PUNCTURE AND SUBARACHNOID HÆMORRHAGE.

REPEATED lumbar puncture is an important aspect of the treatment of ruptured cerebral aneurysm. On the one hand Collier (1) advises that "any increase of the symptoms indicating increase in the intracranial pressure should be an immediate indication for further lumbar puncture," whilst on the other hand, Hall (2) considers the procedure to be of little or no value. Intermediate between these two stands, Symonds (3) takes the view that the indications for repeated lumbar puncture are (a) dangerous increase in the cerebro-spinal fluid pressure, and (b) meningeal irritation.

It would seem that Symonds' caution is a more balanced attitude than Collier's, not only because of the theoretical consideration that increase in the intracranial pressure will tend to arrest hæmorrhage, but also because of the practical fact that sudden deaths have been recorded immediately following lumbar puncture as a therapeutic measure in this condition.

A further way in which lumbar puncture is used varies from these authorities. It is used repeatedly, even daily for patients who do not recover full consciousness after the rupture of the aneurysm in order to drain off the excess of the fluid which is presumably causing the stupor.

In deciding whether repeated lumbar puncture is to be used as in the treatment of ruptured cerebral aneurysm, it must always be remembered that "most of these cases used to recover before lumbar puncture was thought of. Indeed that is the very reason why their true nature was not realized" (2), and it is clearly of importance that we should attempt to define more clearly the factors which would endanger the patient's life, decide whether these can be avoided, and then compare the value of the therapeutic measure against the risk to the patient.

In the first place it is well known that sudden death may follow a lumbar puncture when there is any considerable increase in the intracranial pressure. This factor can be minimized by care in performing the operation; but it cannot be completely eliminated.

In the second place there is a risk of a recurrence of hæmorrhage owing to a lowering of the extravascular (in this case cerebro-spinal fluid) pressure.

In the third place it is of importance to decide what is the variation in the blood-pressure when a lumbar puncture is performed. If we find that the blood-pressure falls when the cerebro-spinal fluid pressure falls, then the danger of recurrent hæmorrhage from a

damaged vessel-wall is small, whereas if the blood-pressure rises, then the danger is a serious possibility.

In a series of experiments on the relationship between blood and cerebro-spinal fluid pressures, the blood-pressure was found to rise. The following are typical, and are taken from a larger series:—

	Cerebro-spinal fluid pressure in mm. of water.	Blood-pressure in mm. of mercury.
CASE 1 :		
(a) Before lumbar puncture	..	78/52
(b) During " "		
(i) Initial pressure	260	..
(ii) Final " "	18 to 20	86/62
CASE 2 :		
(a)	196/138
(b) (i)	180	..
(ii)	105	210/162

CASE 3.—Aortic regurgitation, lung abscess and mental confusion. Blood-pressure after lumbar puncture 280/30, and on the following day 150/38. The cerebro-spinal fluid pressures were not taken.

The risk of repeating either small or large hæmorrhages is therefore a real possibility, especially when the arterial wall is weak, *i. e.* soon after an hæmorrhage.

If, then, we start using repeated lumbar puncture immediately after the first apoplectic attack, and if the result of the drainage is equivocal, then the puncture should not be repeated. It is not unreasonable to go a step further than this: since a rise in intracranial pressure will tend to arrest hæmorrhage, and since lumbar puncture will tend to increase hæmorrhage, it may be concluded that lumbar puncture is definitely contra-indicated immediately after the rupture of the aneurysm. This is clearly in direct opposition to Collier's dictum.

In order to assess the value of a therapeutic measure, it is of fundamental importance to define as far as possible the clinical course of the disease that is being studied.

A useful clinical classification of subarachnoid hæmorrhage due to ruptured cerebral aneurysm is given by Hall and is as follows:

- (1) Sudden large hæmorrhages causing apoplectiform effects which go on to death sooner or later.
- (2) Initial apoplectiform onset, gradually changing to mental confusion and recovery or possibly death from a further attack.
- (3) Milder onset without coma, either getting more severe or improving.

Of 16 cases admitted to St. Bartholomew's Hospital the notes of which were collected, 4 came under group (1); 3 of these died on the same day and the remaining 1 five days after admission (all of these cases were

confirmed at post-mortem); 8 came under group (2) and 3 of them died, 1 seven, 1 thirteen days and 1 five weeks after admission; 3 patients came under group (3), all of whom recovered.

The patients treated by numerous repeated lumbar punctures occurred in group (2). Three in all were treated; 2 of them died and 1 recovered. One of the 2 which died was operated upon five weeks after admission, with a fatal result. In none of them was any marked improvement noted as the result of lumbar puncture. Of one of the fatal results I had personal experience:

Mr. J. A. D—, æt. 27, a lorry driver, was admitted to Bowlby Ward on January 25th, 1932, semiconscious.

He was found on the morning of admission unconscious beside his lorry and was brought up to Hospital. Whilst on the way to hospital he vomited several times. On admission he was semiconscious, and the only signs which could be found in his central nervous system were a right pupil larger than his left and retention of urine. Later in the day he became restless, shouting and twisting about in bed, and he was found to have developed neck rigidity and a positive Kernig's sign. A lumbar puncture was accordingly performed, and 50 c.c. of evenly blood-stained cerebro-spinal fluid were drawn off. The result of this puncture was that his restlessness was definitely diminished.

The patient was transferred to Hope Ward two days after admission, and was at this time complaining of pain in the back of his neck. He was stuporose and confused; he lay on his right side with his head markedly retracted. Kernig's sign was positive, but except for a doubtful extensor response on the left side there was no focal sign in the central nervous system. The blood-pressure was 140/96 and he had glycosuria. The Wassermann and Sigma reactions of his cerebro-spinal fluid and the Lange's gold curve were all normal.

From the day of his transfer till his death ten days later the patient became progressively worse. On January 30th the sugar in his urine was 1.5%. On February 1st he developed a left hemiplegia, and the amount of blood in his cerebro-spinal fluid was increased but there was only a trace of urinary sugar. The next day he was noticed to have a clasp reflex on the right side, but apart from this, which may have been present before, his condition remained much the same except that the blood in the cerebro-spinal fluid diminished. The glycosuria was absent on February 4th. Suddenly at 5 a.m. on February 7th he had a fit, went into opisthotonos and was unconscious. Shortly after this a lumbar puncture was performed and fresh blood was found in the cerebro-spinal fluid. Two days later, after developing generalized rigidity and showing tonic neck reflexes, the patient died.

At the post-mortem there was found to be an aneurysm $\frac{1}{2}$ in. by $\frac{1}{4}$ in. on the right anterior cerebral artery, from which blood had flowed over both hemispheres and ploughed up the brain on the inner surface of the right frontal lobe. It had also ruptured into the right lateral ventricle, which together with the other ventricles was filled with blood-clot.

During the course of the illness lumbar puncture was performed on nine occasions in the first twelve days; on the day of the second apoplectic attack two punctures were performed without benefit. On each occasion the spinal fluid was drained slowly but the fluid pressure was lowered below normal.

This patient clearly belonged to class (2) of the classification, in which there is a reasonable chance of recovery, though the possible course of the disease was not markedly altered. The outstanding feature was, however, the complete failure of the lumbar puncture to produce any improvement other than the initial restlessness in the state of the patient. It did not alleviate the signs of meningeal irritation, it did not alter the stupor, it did not alter the confusion, and it

did not alter the finally fatal coma. It cannot be said, moreover, that the patient was being saved from imminent death, whilst it seems certain that the aneurysm did not cease to leak since blood was always present in the cerebro-spinal fluid. It is not improbable that there were small repeated hæmorrhages as the direct result of lumbar puncture.

From the evidence, experimental and clinical, given above, it would seem that such a drastic procedure as frequently repeated lumbar puncture is valueless and possibly dangerous, and should not take its place in the treatment of ruptured cerebral aneurysm.

Prolonged stupor was the symptom for which repeated lumbar puncture was performed in these cases. There are, however, other symptoms to be considered—confusion, opisthotonos, headache, focal signs and coma. Of these, confusion is not sufficiently commented upon in most of the notes for the value of lumbar puncture to be assessed in its treatment, and focal signs seem to be unaltered or to become worse as the disease proceeds. Opisthotonos has not been noted as altered in any of the cases in this series, but it is mentioned as an indication for lumbar puncture by others (3). There remains headache and coma.

Headache is frequently a difficult symptom to relieve by drugs other than morphia, which should not be used freely in cases of increased intracranial pressure, and it would seem that lumbar puncture might be a preferable method of treatment for this symptom. Referring to the case-notes: In class (2) the headache was severe in 4 cases, and was definitely relieved on more than one occasion in 1 of these; in class (3) it was severe in 2 cases, and was relieved on more than one occasion in 1 case. It was definitely not relieved in 3 cases, and in the remaining case lumbar puncture was not tried.

Turning to coma. This symptom was relieved in only 1 case of the whole series, but in class 1 free drainage of the cerebro-spinal fluid was not tried.

The following case represents the way in which both coma and headache may be relieved by draining the cerebro-spinal fluid:

Miss M. S—, æt. 43, was admitted, complaining of "pain in the back of the neck."

Five days before admission she had a sudden onset of severe pain in the back of her neck and face; she then fell and was unconscious for about 15 minutes. When she recovered consciousness her headache was very severe, and she vomited repeatedly throughout that day and night. The next day, in addition to the headache and vomiting, her vision was blurred. She was then treated with aspirin, without improvement.

On admission she was fully conscious, and there was no abnormality in the central nervous system; there was no neck rigidity, no Kernig's sign, and the blood-pressure only 110/75. A lumbar puncture was performed, and the cerebro-spinal fluid was found to be pale yellow in colour. The Wassermann and Sigma reactions were negative in the fluid. Both the headache and the vomiting were greatly relieved by the drainage of the fluid, and progress was satisfactory until 7 days later she saw double and developed slight

ptosis on the right side, which on the next day became a complete third nerve palsy. These premonitory symptoms remained stationary until the following morning, when she became unconscious. It was found that the third nerve palsy was still present, and in addition there was an increase in the knee and ankle-jerks and an extensor response on the left side. The cerebro-spinal fluid was drained, and there was obvious blood in three tubes. This drainage restored her to consciousness.

Four days later, on account of the severe headache a further lumbar puncture was performed, with great relief. Further drainage was performed three, five and eight days after this, with relief of the headache.

Seventeen days after admission she was discharged well, apart from her third nerve lesion, which remained stationary.

The problem of using lumbar puncture in the treatment of ruptured aneurysms with subarachnoid hæmorrhage is clearly one which presents difficulties. Why, for instance, was consciousness so materially affected in the case of Miss M. S.—and completely unaffected in the case of Mr. S.—? Why is the headache so definitely relieved on some occasions and not on others? The difficulties are so evident that it is impossible to give clear indications for interference by cerebro-spinal fluid drainage, but the following scheme has been formulated as a provisional guide:

(1) Lumbar puncture should be contra-indicated for other than diagnostic purposes immediately after the hæmorrhage and for the next 48 hours unless the coma is so severe as to endanger the patient's life.

(2) After the first 48 hours lumbar puncture should be used for the definite purpose of relieving symptoms, and should not be repeated unless decided improvement is noted.

(3) The fluid should be drawn off slowly, and its final pressure should not be below normal.

My thanks are due to Dr. C. M. Hinds Howell for his permission to report these cases.

M. S. M. FORDHAM.

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THE DAY'S WORK IN LAWRA.*

LAWRA is improbable that Lawra is marked in any of your maps; it lies, however, in the north-west corner of the northern territories of the Gold Coast, scarcely more than a hamlet. The European population consists of the District Commissioner (hobbies, cat-breeding and the study of Shakespeare), and the Medical Officer (hobbies, work and the enjoyment of idleness); there is a hospital of eighteen beds, police

* See "Correspondence."

lines (at the time of writing haunted by a ghost), and sixty native compounds. The people are as primitive as they could well be: the men wear nothing but a goatskin slung over one shoulder; the women, a few strings of cowries round the waist, to which are attached one little bunch of leaves in front, and another little bunch of leaves behind. They produce nothing but their own food. The daily diet is guinea-corn, millet, maize, groundnuts, beans, and beer made from guinea-corn. Though the country is alive with fowls, goats, sheep and cattle, meat, eggs and milk are rarely eaten. Fowls are kept for fetish purposes, and other animals merely hoarded as a visible form of wealth.

Gastric ulcer, gallstones, appendicitis, renal calculus, cancer, diabetes, allergies, rheumatic fever and its complications and many other common European complaints are never seen. The hospital is chiefly occupied with yaws, trypanosomiasis, worms of every kind, scabies and various septic conditions. From the surgical point of view it is a very sterile patch; the few who do possess surgical lesions will seldom consent to operation. Yellow fever, smallpox, cerebro-spinal fever and relapsing fever lurk in the background as possible menaces to the general peacefulness; interesting as these may be considered as hospital cases, when the medical officer is also medical officer of health, and has to deal with any situation that may arise single-handed, they are the very last things he wishes to see.

The day begins at six o'clock, when we try to recover from the partial asphyxia induced by a hot night under a mosquito net; this means half an hour or more on the verandah with a glass of Eno's and a cigarette, contemplating the rising sun and the mist in the Volta Valley—where, four years ago, something very like a brontosaurus was seen by the natives. Then a bath and a leisurely breakfast. There is no train to be caught, no appointment to be kept, to none of the local people does time mean anything, so work begins just when it is convenient to the medical officer to appear.

It is Saturday, and after seeing the out-patients and doing the little round we leave Lawra to hold the weekly clinics at Nandom and Lambussie—headquarters of native chiefs, some twenty miles to the north. This morning there are only a dozen out-patients at the hospital; nothing of importance, except one old woman, wasted and comatose. The diagnosis is sufficiently obvious, but a lumbar puncture is done, as there are few more fascinating pathological spectacles than live trypanosomes swimming in cerebro-spinal fluid; and tryparsamide is perhaps more effective when the canal has been drained.

The ancient two-seater is loaded with a dispenser, an interpreter, two boxes of medicines, four gallons of

mist. alb., tables, chairs, stools, lotion bowls, food and drink for the M.O., and various odds and ends. The road through rolling park-like country is beautifully smooth, being used only by the D.C. and M.O., and we arrive soon after ten. The village is rapidly inspected. The local chief is intelligent and has his people well in hand, so it is cleaner than most. The ground between the houses is not bespattered with human excreta, there are no heaps of rotting garbage, and the yards are not full of pots seething with mosquito larvæ.

The "clinic" is held in the mud and thatch garage attached to the mud and thatch rest-house. Nearly two hundred are collected round it; most are new cases, and must be given papers and entered in the book. Four-fifths are yaws, which in most parts of tropical Africa, where treatment is not available, causes more suffering and disability than all other diseases together. Any one centre of treatment will in a year or two clear three to four hundred square miles of yaws. The severer cases get N.A.B., the rest bismuth sodium tartrate, which is cheap and easily administered. Apart from yaws, there are ulcers to be dressed and ears to be syringed; a good many cases of conjunctivitis and corneal ulcer; worms, and a few lepers. Most of the bellies get mist. alb., the most popular drink in the country—patients for whom bottles have been prescribed have been known to sell it to their friends at home at a shilling a dose; three ounces is the usual effective dose for an adult.

For eight or nine nothing much can be done under the circumstances, and they are advised to borrow a donkey and make their way to hospital. One old lady, apparently fit and cheerful, has what feels like a belly full of rocks. The M.O. would cheerfully give a fiver for an autopsy, and looks at her lovingly, wondering if it cannot be managed somehow, but she escapes with a dose of mist. alb. A man with septic arthritis of the shoulder-joint and three large septic wounds states that a month ago he and five others became entangled with a leopard; three of them died of wounds, and the other two were still unable to walk. Another man has osteomyelitis of the femur, twelve months old and untreated—a lamentable spectacle. A woman with no physical signs says she feels very ill, because the other night a crowd of goblins broke into her house and beat her severely. (The Little People are very real to most of the natives of the Gold Coast; even the Dispenser, a typical educated African, asserts that he has seen them.)

At half-past two everyone has gone, and the medical officer collapses into the rest-house to a bottle of beer, a tin of sardines, marmite sandwiches, and *Blackwood's Magazine*.

Thence to Lambussie, a sanitarian's nightmare. When

we arrive a little boy is squatting on one of the many heaps of refuse, passing a tapeworm; his family are standing round helping it out with long sticks, and as inch by inch it comes away, masses of flies take possession.

About a hundred and fifty are collected round the rest-house, but it is late, and stocks of medicines low, so the more scabrous yaws and the more loathsome ulcers are picked out, and there is a little battle for recognition; one fellow to emphasize his needs thrusts a round-worm right under the medical officer's nose.

At 5.30 we leave them; the little two-seater has not been within a hundred miles of a garage for over a year, and our lights are doubtful. Any sort of breakdown means walking home.

And the rest of the day? A dance at the club? Bridge? A jolly party somewhere? Lawra knows nothing of these things. The D.C. is out on trek, and the nearest other white man sixty miles away. So after a bath, a drink or two, a little music, dinner, and a book, we go to bed soon after nine.

A distinctly low-brow day; in fact some might say that considered as medical practice this kind of thing was beneath contempt. But it makes a lot of people happy. Recent correspondence in the JOURNAL has dealt with the desirability or otherwise of clearing the Surgery of "chronics," partly in order that those highly educated and highly trained beings, the junior house physicians, may devote their superior faculties to the study of medicine. Most of us spend but a very small fraction of our working time directly applying the medical knowledge we may have gained during our hospital years. But the art—the black art, if you like—of satisfying masses of people in a limited time, of doing the best possible for all parties concerned under difficult circumstances, is one not easily acquired without such experience as the Bart.'s surgery affords. Long may it be spared. G. L. A.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. WASPS.

Played on Saturday, October 22nd, at Winchmore Hill. Lost, 3—9.

Conditions were not very good for this game, which was expected to be exciting, for in the previous fortnight the Wasps had beaten both London and St. Thomas's Hospitals very easily.

As it was, the ball was too slimy for good handling and most of the play was forward. During the first half play was fairly open, but the defence on each side was distinctly good and no score was obtained. Near half-time the Wasps' full back had to go off with an injured leg, but this only produced more effort from the remainder.

In the second half there was a bad lapse on our part, as they scored three tries in quick succession, to which we replied with one try by Mundy, following a good forward rush.

They were lucky to beat us by as much as they did, for most of the time we had as much of the ball as they had, and looked far more dangerous when we had it.

Team.—C. R. Morison (*back*); J. G. Youngman, A. H. Pirie, J. G. Nel, J. D. Powell (*three-quarters*); J. R. Kingdon, F. H. Masina (*halves*); W. M. Capper, E. M. Darmady, K. J. Harvey, R. Mundy, A. T. Blair, B. S. Lewis, J. D. Wilson, J. M. Jackson (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL v. MOSELEY.

Played on Saturday, October 29th. Away. Lost, 6—8.

The conditions in this game were appalling, as it had been raining solidly for a whole day and it did not stop at all in the game. It was also terribly cold, and considering this the handling of the ball was extraordinarily good.

We began attacking right from the start and Capper nearly got over twice. Eventually Darmady scored and we led 3—0. Our three-quarters began to get the ball, but were unable to penetrate the safe defence of Lindop and Wright.

One of their forwards injured his knee and had to leave the field, but the rest of them stood up well to our rather heavier pack. They scored through a penalty and so we were even. We continued to attack, and were most unlucky not to score several times before Pirie got over following a fine run by Nel.

Later Moseley obtained a good try by Trentham, which they converted and so won 8—6.

We were very unlucky to be beaten as we had been constantly attacking the whole time, and if conditions had been even a little better must have piled up quite a large score.

Team.—C. R. Morison (*back*); J. G. Nel, A. H. Pirie, L. M. Curtiss, J. D. Powell (*three-quarters*); J. R. Kingdon, J. T. C. Taylor (*halves*); W. M. Capper, E. M. Darmady, B. S. Lewis, R. Mundy, J. M. Jackson, D. W. Moynagh, F. H. Masina, J. D. Wilson (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL v. REDRUTH.

Played on Saturday, November 5th, at Winchmore Hill. Lost, 3—5.

Conditions for this game were good and we had our usual exciting game with the Cornishmen. They had Jennings absent through a knee injury, but otherwise were at full strength.

The early stages of the game were scrappy, and no side could claim any advantage till Nel broke away and would have scored but was recalled for a forward pass.

Following this, from a fine cross-kick from Powell, Wilson managed to gather and score. We led 3—0.

In the second half, following attempts at drop-goals by the visitors, Binge, their centre, got a shoulder hurt and had to go off. They obtained a try soon afterwards, which they converted and so led 5—3.

They kept their lead by stopping all passing on our side by their spoiling tactics, though hardly ever getting the ball out to their own backs. The game was not as open as usual in our matches with them and consequently our advantage outside was nullified.

This was Jimmy Taylor's second match for us this season and he appears to be running into his old form pretty quickly. Our full-back position is secure in the hands of Morison, who has played several games for us already without any apparent fault.

Team.—C. R. Morison (*back*); J. G. Nel, L. M. Curtiss, A. H. Pirie, J. D. Powell (*three-quarters*); J. T. C. Taylor, J. R. Kingdon (*halves*); W. M. Capper, B. S. Lewis, E. M. Darmady, J. D. Wilson, J. M. Jackson, F. H. Masina, D. W. Moynagh, R. Mundy (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL v. R.A.F. TRIAL XV.

Played on Wednesday, November 9th, at Winchmore Hill. Won 24—8.

The conditions were good, and both forwards and backs were most successful in their play. The forwards got the ball for most of the game and the outsiders made good use of it, there being no dropped passes on our side the whole of the game.

J. D. Wilson scored both our first two tries and throughout the game was always working hard. Tries soon afterwards followed from Nel and Capper.

After the interval their pack became much more lively and gave their outsiders more chances, but they only managed to score two tries, to which we replied with one more by Kingdon, following a good passing movement with Taylor and Powell and another by Massia. Three of our tries were converted by Capper, who played magnificently throughout.

Team.—C. R. Morison (*back*); J. G. Nel, L. M. Curtiss, A. H. Pirie, J. D. Powell (*three-quarters*); J. R. Kingdon, J. T. C. Taylor (*halves*); W. M. Capper, E. M. Darmady, B. S. Lewis, R. Mundy, A. T. Blair, F. H. Masina, D. W. Moynagh, J. D. Wilson (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL v. OLD ALLEYNANS.

Played on Saturday, November 12th at Winchmore Hill. Won, 8—3.

The ground was very muddy in this game and the ball soon became slimy, so that our outsiders could not score as often as they might have done with the chances given them by the forwards.

The tackling on both sides was very keen and not many passing movements survived for long against it.

The game resolved itself into a forward scramble, in which our pack showed the more initiative and were rewarded by tries by J. G. Nel and K. J. Harvey.

Wilson, playing as scrum-half in Taylor's absence, put up a fine performance, especially in stemming the many rushes of the Old Boys' forwards, and Darmady and Lewis were both especially prominent in our rushes, though the whole pack deserves praise for the way they backed each other up.

The Old Boys' backs contented themselves with touch-finding for most of the time, though they managed to secure one try, which was not converted.

Team.—C. R. Morison (*back*); J. G. Nel, F. J. Beilby, A. H. Pirie, J. D. Powell (*three-quarters*); J. R. Kingdon, J. D. Wilson (*halves*); D. W. Moynagh, E. M. Darmady, F. H. Masina, J. M. Jackson, B. S. Lewis, R. Mundy, W. M. Capper, K. J. Harvey (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL v. LLANELLY.

Played on Saturday, November 19th at Llanelly. Lost, 3—17.

All the papers had said that Llanelly were bound to win, yet till three-quarters of the way through the game we were even at 3 all.

The game began with Llanelly attacking, but the defence was good enough to hold them without getting much chance of attacking. This continued till they scored one in the corner, to which we replied with a really fine try, Taylor going round to the blind side of a loose scrum and passing to Capper, who sent Powell in.

Llanelly returned to the attack, but unable to get through the defence of our centres or wings, began to try punting ahead, but were no more successful, as Morison dealt with them all very well.

Our forwards were playing magnificently; though they could not get much of the ball, they managed to spoil many chances of the other pack to get the ball out clearly. At half-time and for some time afterwards we were equal, but then Dai John, by a well-timed intercept between our halves, managed to score. Then they began attacking in earnest, chiefly because our forwards were beginning to tire, and in the line-outs could not always manage to stop them breaking away and then passing out to their backs.

Team.—C. R. Morison (*back*); J. D. Powell, A. H. Pirie, L. M. Curtiss, J. G. Nel (*three-quarters*); J. R. Kingdon, J. T. C. Taylor (*halves*); W. M. Capper, E. M. Darmady, B. S. Lewis, R. Mundy, J. M. Jackson, J. D. Wilson, F. H. Masina, D. W. Moynagh (*forwards*).

"A" XV Results.

Saturday, September 24th, v. Old Cranleighans, at Thames Ditton. Won, 5—3.

Saturday, October 1st, v. Haileybury College, at Haileybury. Won, 16—3.

Saturday, October 8th, v. Northampton Crusaders, at Winchmore Hill. Won, 16—6.

Wednesday, October 12th, v. Duke of Wellington's Regiment, at Winchmore Hill. Lost, 11—36.

Saturday, October 15th, v. Richmond "A" at Winchmore Hill. Lost, 6—10.

Saturday, October 22nd, v. Old Blues "A," at Fairlop. Won, 17—6.

Saturday, October 29th, v. Woodford "A," at Winchmore Hill. Draw, 9—9.

Saturday, November 5th, v. London Welsh "A." Scratched.

Saturday, November 12th, v. Christ's College, at Cambridge. Won, 14—0.

Wednesday, November 16th, v. R.N.C. "A," at Greenwich. Won, 29—0. L. H. B.

ASSOCIATION FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. CATFORD WANDERERS RESERVES.

Played on Saturday, October 22nd, at Beckenham Hill. Lost, 2—4.

Playing six substitutes, we had the greatest difficulty in holding our own during the first half of this game. Heavy rain had made the ground soggy, but this did not appear to slow the Catford attack. Johnson kept goal well, and was largely responsible for the fact that half-time came with the Hospital being led only by one goal to nothing, after prolonged and almost continuous defence. There were a few breakaways, in which Pearce on the left wing came very near to levelling the score.

The second half saw a change in the run of the play, in spite of the fact that Catford were now playing downhill with a low sun behind their backs. Their forwards failed to combine with their earlier effect, and midfield play was even. Brownlees equalized, and we went ahead with a goal from Shackman which followed a goal-mouth *mêlée*. At this stage it appeared that we would win. Johnson, however, unfortunately dispelled the good impression he had made in the first half. By a series of mishaps Catford won 4—2.

Team.—D. J. Johnson (*goal*); O. Sookias, A. H. Hunt (*backs*); P. Telfer, D. R. S. Howell, J. D. Ogilvie (*halves*); R. C. Dolly, P. Brownlees, R. Shackman, F. D. M. Livingstone, H. A. Pearce (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL v. OLD FOREST HILLIANS.

Played on Saturday, November 5th, at Winchmore Hill. Won, 3—2.

The Old Mercers were compelled to scratch their fixture with us on November 5th on account of a cup-tie replay. The game against the Old Forest Hillians was consequently arranged at very short notice, with the result that they arrived and played one short. This gave us a great advantage, but irrespective of that we were a considerably stronger side. Our midfield play, almost all well in the opponents' half of the field, was good, though on some occasions passes seemed to find the right players more by good fortune than skilful placing. A heavy but utterly ineffective bombardment was kept up on the Forest Hill goal. Goals begged to be scored, but none of our forwards seemed at all inclined to seize any of the innumerable opportunities that were offered. The backs had almost nothing to do, in spite of the fact that they came well down the field away from their own half. An almost solitary raid and a mistake by the defence gave Forest Hill a lead of 1—0 at half-time.

After that play was more even, but we continued almost to monopolize the midfield play. Three goals were scored (Shackman, Dransfield and Brownlees) before accidents to Dransfield and Wheeler incapacitated our right wing. We continued to keep up a fairly continuous pressure on the opposing goal, the game being varied occasionally by a dash back down the field to retrieve a miskick or mistackle. One of these dashes resulted in a good goal for Forest Hill.

Team.—R. A. L. Wenger (*goal*); P. J. Hardie, A. H. Hunt (*backs*); J. W. B. Waring, D. R. S. Howell, W. M. Maidlow (*halves*); C. M. Dransfield, F. E. Wheeler, R. Shackman, P. Brownlees, H. A. Pearce (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL v. DOWNING COLLEGE, CAMBRIDGE.

Played on Saturday, November 12th, at Cambridge. Lost 2—3.

The game was keen and fast from start to finish, with very little to choose between the two teams. On the whole we had more of the play, while Downing combined better and made more of their opportunities. For the first quarter of an hour we were definitely on top, and it was unfortunate that a substantial lead was not gained before Downing had settled down. In spite of some adroit pieces of work accomplished by Wenger, they scored first from a very good shot by their centre-half. We soon equalized. Shackman swung out a long pass from the half-way line to Wheeler on the right wing, who centred at the right moment, leaving Hunt, who was unmarked, the simple business of steadying the ball and putting it past the goal-keeper. Then, for no very good reason, Downing scored two more goals quickly, one being by no means above gross suspicion.

The second half was brisk and short, with the Hospital just failing to combine sufficiently well to get more than one goal. Downing's lead was reduced to 3—2 by Brownlees, and the final whistle went surprisingly early in the middle of a dull patch of play.

Team.—R. A. L. Wenger (*goal*); P. J. Hardie, J. Shields (*backs*); J. W. B. Waring, D. R. S. Howell, W. M. Maidlow (*halves*); F. E. Wheeler, A. H. Hunt, R. Shackman, P. Brownlees, H. A. Pearce (*forwards*).

HOCKEY CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. R.N. & M., CHATHAM.

October 22nd. Played on a pitch which was far from perfect, the game was yet fairly fast and interesting.

Bart's attacked from the start, but soon showed themselves incapable of scoring when in the circle.

The R.N. & M. forwards, however, were now beginning to get together, and in spite of a sterling defence, managed to score after some time (0—1).

After half-time Bart's repeatedly attacked and scored through Iliffe off a short corner (1—1). However, several more corners proved fruitless, and the fast R.N. & M. forwards broke through several times, resulting in a goal which gave Crosse no chance.

Play was resumed again, Bart's doing most of the attacking, but entirely failing to score. Lost, 2—1.

Team.—J. Crosse (*goal*); V. Snell, J. T. Hindley (*backs*); E. Fowler, K. W. Martin, B. Thorne-Thorne (*halves*); R. T. Davidson, L. Heaseman, A. M. Iliff, J. Blackburn, J. M. Lockett (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL v. STAFF COLLEGE, CAMBERLEY.

October 26th. Fielding a much depleted side Bart's did extremely well to draw a fast and enjoyable game.

In the first few minutes Heaseman scored with a hard shot from the edge of the circle (1—0). The Staff College, however, attacking strongly soon equalized with a hard high shot (1—1).

The score remained so till after half-time, despite several break-aways especially one good run by Hinds Howell down the whole field.

Bart's, however, quickly scored after half-time, through a quick piece of following up by Davidson (2—1).

Reprisals by the Staff College led to their scoring two more goals (2—3). And it was not till just before "time" that Bart's forced a corner which Burstal rushed in to equalize (3—3). Drawn, 3—3.

Team.—J. Crosse (*goal*); W. A. Oliver, B. Thorne-Thorne (*backs*); L. Taylor, K. W. Martin, E. Fowler (*halves*); R. T. Davidson, A. Hinds Howell, E. W. Burstal, L. Heaseman, J. M. Lockett (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL v. OLD CRANLEIGHANS.

October 29th. A fast and furious game, which Bart's only managed to draw during the last five minutes.

Soon after the start Glandon-Williams dribbled through to give Heaseman an easy chance of scoring—a good piece of backing up (1—0).

The O.C.'s now attacked hard, proving themselves to be a fast and clever side, and managed to score with a good flick-shot.

From thence only determined defence, especially from Snell and one wonderful save by Thorne-Thorne, kept them from scoring again. Meanwhile rushes from Glandon-Williams and Davidson proved fruitless, Heaseman being unlucky with a first-time shot off a pass from the latter.

The O.C.'s, however, scored again after some good combination (1—2).

After the interval play grew faster, Bart's starting a series of attacks through the right wing, which only proved availing at the end of the game.

The O.C.'s broke away several times, and Crosse's brilliance alone kept them from scoring.

Finally, through some good combination between Heaseman and Davidson, Blackburn scored from a first-time shot (2—2).

There was no further score till the whistle blew to end a very enjoyable game. Drawn, 2—2.

Team.—J. Crosse (*goal*); V. C. Snell, R. Carpenter (*backs*); E. Fowler, K. W. Martin, B. Thorne-Thorne (*halves*); R. Davidson, L. Heaseman, A. Glandon-Williams, J. Blackburn, J. M. Lockett (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL v. CAMBRIDGE WANDERERS.

November 2nd. Bart's were unfortunate not to draw rather a disappointing game. Play was started at a fast rate, but became more subdued as time went on. The Hospital soon scored through Harris, the second of two hard shots beating the goalkeeper (1—0).

Very soon after the Wanderers equalized through a beautiful centre of their right wing's (1-1).

Both their wings were getting the ball across very well, and a second goal was scored almost immediately (1-2).

However the Hospital forwards, though combining poorly, attacked and forced several short corners. From one of these Harris's shot was rushed in on the rebound by Davidson (2-2).

The Wanderers, though, soon replied (2-3).

In the second half play was fairly even, though the Bart.'s forwards were bunching too much and passing too square. And it was not till after the Wanderers' goalkeeper was given some anxious moments that they again scored (2-4).

There was no further score. The forwards again certainly did not show up to advantage, though they could plead Glandon-Williams's absence from the centre-forward position. Lost, 2-4.

Team.—J. Crosse (*goal*); V. C. Snell, G. T. Hindley (*backs*); E. Fowler, K. W. Martin, B. Thorne-Thorne (*halves*); R. T. Davidson, E. E. Harris, L. Heaseman, J. Blackburn, J. M. Lockett (*forwards*).

ATHLETIC CLUB.

The Annual General Meeting of the Athletic Club was held on November 11th, with Mr. T. H. Just, F.R.C.S., in the chair.

The following officers were elected for the 1933 season:

President: Mr. T. H. Just, F.R.C.S.

Captain: W. H. Jopling.

Hon. Secretary: J. W. Perrott.

Assistant Hon. Secretary: J. G. Nel.

Committee: K. W. Martin, J. G. Youngman, G. D. Wedd, J. R. Hill, J. Shields, C. E. D. H. Goodhart, R. T. Simcox, and W. D. Coltart.

All the Vice-Presidents were re-elected, with the addition of Mr. J. P. Hosford, F.R.C.S., and Mr. W. E. Underwood.

The following gentlemen, having gained points for the Hospital in the Inter-Hospital Sports last June, were awarded "Honours" for the 1932 season: J. G. Nel, J. R. Hill, W. H. Jopling, J. R. Strong, J. W. Perrott, J. Smart, G. D. Wedd, C. M. Dransfield, K. W. Martin, T. L. Benson, and J. Shields.

The following were awarded their Cross-Country Running "Honours": G. Dalley, A. J. Kinnear and H. B. Lee.

A somewhat lengthy discussion then followed as regards the awarding of Athletic "Honours." It was pointed out by the President that there must be a definite standard established whereby "Honours" be awarded, and that the awarding of "Honours" at the discretion of the Captain or Committee might lead to dissatisfaction. Certain members present, however, thought that the present system of awarding "Honours" only to those who gained a point in the Inter-Hospital Sports was by no means a fair criterion as to an athlete's ability. These members accordingly proposed that a definite time (or distance) standard be instituted, whereby athletes really deserving their athletic "Honours" might be distinguished by their ability to gain the "standard" in their respective events, rather than by their individual performances against indifferent opposition. It was also proposed that this new "Hospital standard" should be something similar to the "Alverston standard" at Cambridge.

Upon the proposal of K. W. Martin, seconded by J. W. Perrott, it was decided to hold a general meeting of the Club to discuss the matter more fully at a later date. J. W. P.

GOLF CLUB.

Inter-Hospital Cup Competition.

First Round.

ST. BARTHOLOMEW'S HOSPITAL v. ST. GEORGE'S HOSPITAL.

Played at West Hill on October 19th, 1932.

Singles.

St. Bartholomew's Hospital.	St. George's Hospital.
Carr (4-3) 1	Ellides 0
Cutlack 0	Hunter (2-1) 1
Wedd (4-3) 1	Jarret 0
Stanton 0	Allen (4-3) 1
White (1 up) 1	Miller 0
J. Wilson (9-8) 1	Houghton 0
Robertson (1 up) 1	Wilson 0
Young 1	Ingram 1
5½	2½

Foursomes.

Carr and Wedd (4-2) 1	Ellides and Jarret 0
Cutlack and Stanton 0	Allen and Miller (4-3) 1
White and Wilson (4-3) 1	Houghton and Wilson 0
Robertson and Young 1	Hunter and Ingram 1
2½	1½

Result.—Bart.'s won by 8 matches to 4.

Second Round.

ST. BARTHOLOMEW'S HOSPITAL v. MIDDLESEX HOSPITAL.

Played at St. George's Hill on November 9th, 1932.

Singles.

St. Bartholomew's Hospital.	Middlesex Hospital.
Carr (3-1) 1	Neal 0
White (4-3) 1	Bentley 0
Wedd (3-1) 1	Dickson 0
Stanton (6-5) 1	Johnson 0
J. Wilson (2-1) 1	Haggard 0
W. Wilson 0	Preston (2-1) 1
Cutlack 1	Banham 1
Robins (3-1) 1	Martin 0
6½	1½

Foursomes.

Carr and White (3-2) 1	Neal and Bentley 0
Wedd and Stanton (3-2) 1	Dickson and Haggard 0
J. Wilson and W. Wilson 0	Johnson and Banham (3-1) 1
Cutlack and Robins (6-5) 1	Preston and Martin 0
3	1

Result.—Bart.'s won by 9½ matches to 2½.

Final.

ST. BARTHOLOMEW'S HOSPITAL v. ST. THOMAS'S HOSPITAL.

Played at Sunningdale on November 16th, 1932.

Singles.

St. Bartholomew's Hospital.	St. Thomas's Hospital.
Carr (4-2) 1	Robinson 0
White 0	Knowles (3-1) 1
Wedd 1	Simmonds 1
Stanton (3-2) 1	Harper 0
J. Wilson 0	Taylor (4-2) 1
W. Wilson 0	Bartley (1 up) 1
Cutlack 0	Light (2-1) 1
Robins 0	Milligan (4-3) 1
2½	5½

Foursomes.

Carr and White 0	Simmonds and Harper (4-3) 1
Wedd and Stanton 0	Knowles and Taylor (6-4) 1
J. Wilson and W. Wilson 0	Robinson and Light (1 up) 1
Cutlack and Robins 1	Bartley and Milligan 1
1	3½

Result.—Bart.'s lost by 3 matches to 9.

RIFLE CLUB.

In the City of London Rifle League the "A" team made a bad start, but redeemed it the following week by a record score of 588, beating the previous record by 6 points. They have since maintained a good average and have been unlucky to lose the remaining two matches to date. The "B" team have put up good scores and their shooting has been very consistent.

MATCHES.

"A" Team.

October 17th, v. Standard Telephones, Hendon, "A." Lost. St. Bart.'s, 569, Std. Telephones, 573.

October 24th, v. L.G.O.C., Streatham. Walk-over. St. Bart.'s, 588; L.G.O.C. did not return cards.

Scores.

W. H. Cartwright . . .	100	P. G. F. Harvey . . .	97
D. O. Davies . . .	99	K. F. Stephens . . .	97
J. S. Bailey . . .	98	J. E. Underwood . . .	97
B. P. Armstrong . . .	97	L. R. Leask . . .	93

October 31st, v. Corn Exchange. Lost. St. Bart.'s, 579; Corn Exchange, 585.

November 7th, v. L.E.D. (Post Office). Lost. St. Bart.'s, 582 (K. F. Stephens, 100); L.E.D., 588.

"B" Team.

October 31st, v. Swansea "B." Lost. St. Bart.'s "B," 567; Swansea "B," 576.

November 7th, v. Dinas Powis "B." Lost. St. Bart.'s "B," 569; Dinas Powis "B," 570.

TENNIS CLUB.

The Annual General Meeting of the Lawn Tennis Club was held in the Committee Room of the Abernethian Room on November 8th. The President, Sir Charles Gordon-Watson, was in the chair. The following officers were elected for season 1933:

President: Sir Charles Gordon-Watson.

Captain 1st VI: J. R. Kingdon.

Hon. Secretary: R. C. Witt.

Captain 2nd VI: R. H. Dale.

Committee: J. R. Kingdon, R. C. Witt, R. H. Dale and O. A. Savage.

It was proposed that the annual tournament should start as early as possible at the end of April or beginning of May, and that an entrance fee of one shilling should be charged, hoping by this means to cut down the number of entries and also to enable prizes to be given to the finalists. The motion was unanimously carried. The meeting was then adjourned. R. C. W.

BOXING CLUB.

It is time that the Inter-Hospital Cup came back to Bart.'s, and we are going to make a real effort to win it this season.

The services of Matt Wells have been engaged as a trainer. Freshmen and others wishing to box will be welcomed.

The Club meets on Thursdays, at 4.30 p.m.

CORRESPONDENCE.

ECTOPIC GESTATION WITH UTERINE POLYPUS
SIMULATING INEVITABLE ABORTION.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—The following case, which I recently encountered here in practice, is of interest, and illustrates how easily one can be misled in diagnosing a serious condition, such as extra-uterine pregnancy, by the presence of a uterine mucous polypus occupying the lumen of the cervical canal.

A few weeks ago, at 7.15 a.m., I was called to see a woman (multip.), æt. 46, who, while defæcating at about 7 a.m., had been suddenly attacked by a severe stabbing pain in the left iliac fossa.

The patient, who was a delicate individual, had missed one period, was sure she was pregnant, and had had moderate uterine hæmorrhage for the past three weeks with occasional attacks of slight pelvic pain, not localized to any particular point. On examination the patient did not appear to be in acute pain and her colour was normal. Temperature normal. Pulse 90. On palpation: There was tenderness over the uterus, with marked tenderness in the left iliac fossa. The patient was bleeding moderately *per vaginam*. P.V.—The cervix was dilated to the size of about one finger. There was seen partly projecting through the cervical canal a tense, fluctuating, membranous swelling. The uterus was tender, and there was no marked tenderness in the lateral quadrants of the cervix. Diagnosis: Inevitable abortion.

The patient was sent to a nursing home for curettage. When anaesthetized, a speculum was inserted, and on drawing down the cervix with a volsellum, a mucous polypus was found occupying the lumen of the cervical canal. This was twisted off. A sound was inserted into the uterus and found to penetrate slightly deeper than

usual. After the cervix had been dilated to the required size, the uterus was curetted. Only a few scrapes had been given when respiration suddenly ceased, and the pulse became feeble and rapid. Treatment for cardiac and respiratory failure during anaesthesia was carried out with success. The operation was continued, and after a few minutes the patient again collapsed, but rallied with the previous treatment.

The uterine scrapings appearing normal, it was concluded that the hæmorrhage which the patient had was caused by the uterine polypus.

For two days following this operation the patient remained collapsed, with a feeble, rapid pulse. Cardiac stimulants were given with no marked effect, and she commenced running an intermittent temperature. The abdomen became distended below the umbilicus, and she complained of great abdominal discomfort. P.V. examination: There was marked tenderness in the left lateral fornix, which also felt boggy. Diagnosis: Pyosalpinx.

The patient's condition became so grave that it was decided to operate immediately. A mid-line incision was made below the umbilicus, and on opening the peritoneal cavity a large amount of stale, clotted blood was found. This was removed, and on examining the Fallopian tubes, the left was found to contain a rupture at the ampullary portion. This was treated by removal. The abdomen was then closed and the patient returned to the ward. She made an uninterrupted recovery, and after two weeks was discharged from the nursing home.

Points of interest:

(1) The signs and symptoms of an extra-uterine pregnancy were masked by the presence of a uterine mucous polypus.

(2) The absence of signs of collapse, which one would have expected to be present 15 minutes after rupture of the tubal gestation had occurred.

(3) The sudden collapse during the anaesthesia, due probably to the dislodging of the blood-clot at the seat of rupture, caused by the movement of the uterus in manipulation, the curette giving rise to immediate internal hæmorrhage.

Benoni, S. Africa;

October, 1932.

GILBERT DIETRICH,
M.R.C.S., L.R.C.P.(Lond.).

THE PERIODIC EXAMINATION.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—I was very interested in Dr. Dudley Cockell's letter in the October number of the JOURNAL.

After quoting four cases of malignant disease that he had recently met with, in which he admits that 75% would have benefited by periodic examinations, he then condemns the whole scheme.

His objections appear to be, first, financial. Under this heading he suggests that any money spent on propaganda would be better spent on trying to discover the aetiology. Everybody would agree with him that we want a great deal more money for the laboratory work in malignant disease, but the amount of money required for propaganda (£200 or £300 per annum), would be such a minute fraction of what is already spent on efforts at finding the cause, and the results, in my opinion, are so far-reaching that such an objection can really carry no weight.

Secondly, he condemns it because the results of surgical treatment are at present so poor. If every case of appendicitis was allowed to become gangrenous before it was diagnosed—as indeed it was before the profession learnt how to diagnose it early—Dr. Cockell would feel that there was no "reasonable chance of cure" in that disease, and patients who thought that they had appendicitis would not go near their doctor because they would ask themselves, "What can be done for it?"

I venture to think that if the scheme of periodic examinations is undertaken, Dr. Cockell will hear himself repeating less frequently, "If only you had come earlier."

Yours very truly,

145, Harley Street, W. 1;

November 2nd, 1932.

MALCOLM DONALDSON.

A VERY ABNORMAL LABOUR.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—All students attending Matthews Duncan's Lectures fifty years ago were urged to study Lusk's *Midwifery*, so obediently and with a frugal mind I bought a second-hand copy at Kimpton's. The other day when turning over the pages of this old book I

found an entry in the Index which surprised me. I turned to the page indicated and found that Lusk stated in cases of prolapse of the funis that "instrumental replacement of the cord is apt to prove a veritable labour of Sisyphus."

The previous owner of my book had carefully added to the list of complicated labours in the Index: "Labour of Sisyphus, page 487."

I conclude he was not a Bart.'s man.

Yours faithfully,

The Boltons,
Farnborough,
Hants;

November 2nd, 1932.

THE DAY'S WORK IN LAWRA.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—Some years ago there appeared in one of the daily papers a series of articles, "My Day's Work," contributed by all sorts of people, from scavengers to captains of industry; and very interesting they were. May I suggest that your readers would appreciate, and might find valuable, a similar medical series? There are Bart.'s men all over the world engaged in every possible sphere of medical activity; and those of us who leave the clinical articles unread would, I think, turn eagerly to a description of life with the R.A.F. on the N.W. Frontier, or life on a sloop in the South Seas.

I enclose a small contribution which you may think suitable for publication if this idea meets with your approval.

Yours truly,

GEORGE L. ALEXANDER,
West African Medical Staff.

Lawra, Northern Territories,
Gold Coast;
October 24th, 1932.

REVIEWS.

THE ROSE RESEARCH ON LYMPHADENOMA. Bristol: John Wright & Sons, 1932. Pp. 136, with 98 illustrations. Price 21s.

This book, edited by Dr. Mervyn Gordon, contains the results of a concerted attack on the aetiology of Hodgkin's disease by a group of workers at St. Bartholomew's Hospital. The research was made possible by an endowment provided by Mrs. T. E. Rose in memory of a daughter who died from this disease.

In the opening chapter Sir Thomas Horder discusses lymphadenoma from its clinical aspects, and points out that progress remains at a standstill until the causative agent has been defined. The succession of bacteriological researches undertaken with a view to determining this matter is next described by Dr. Gordon. The material investigated consisted chiefly of glands removed from patients for the purpose of diagnosis. Spirochaetes and the tubercle bacillus having been sought for without success, an elaborate investigation was carried out in order to ascertain whether evidence could be obtained of a mycotic infection in lymphadenoma. Studies were made of fungi already known to possess pathogenic attributes for man, and glands removed from cases of lymphadenoma were then examined for the presence of organisms of this category.

When methods of culture suitable for the purpose of growing pathogenic fungi were employed, lymphadenoma glands yielded chiefly organisms of the monilia class, and it became necessary to determine their significance. In order to settle this point cultures were made in the same way of glands removed from cases suffering from other diseases, and a special investigation of the monilia obtained from both sets of glands and also from outside sources was carried out by Dr. Kenneth Stone and Dr. L. P. Garrod. These observers, by employing the complement-fixation and precipitin tests succeeded in classifying these monilia serologically, and it was found that the commonest group of pathogenic monilia represented by the thrush fungus show a unity and antigenic simplicity hitherto unrecognized.

Some instructive hæmatological studies were carried out by Dr. E. R. Cullinan on normal guinea-pigs and rabbits, and also on these

animals after injectoin with some of these organisms. Ultimately the conclusion was reached that there is no evidence that lymphadenoma is due to a mycosis.

Spirochaetes, tubercle and a mycotic infection having thus been excluded in turn, search was now made by Dr. Gordon for evidence as to the presence of a pathogenic agent of the virus category. For a long time the results were either negative or indecisive, but eventually by making suspensions of lymphadenoma glands in ordinary broth, by allowing these suspensions to macerate in the refrigerator, and then injecting the broth intracerebrally into rabbits, evidence was obtained of the existence of a pathogenic agent in lymphadenoma gland possessed of very definite characters.

After an incubation period varying from 2 to 6 days, this pathogenic agent produces in the rabbit a characteristic condition of muscular rigidity and inco-ordination, accompanied by other symptoms of encephalitis and a progressive loss of weight. The condition is frequently fatal. From preliminary observations, Dr. Gordon considers it likely that the disease set up in this way by suspensions of lymphadenoma glands is a form of meningo-encephalitis. The pathogenic agent responsible for it has a pronounced resistance to drying, and it has also a considerable resistance to heat; for it withstands exposure for 30 minutes to 65°C., but is inactivated within that time at 100°C. Passage experiments as yet have not been successful.

The presence of this pathogenic agent has now been proved in glands from 11 individual cases of lymphadenoma, and its absence has similarly been established in glands from 30 control cases suffering from a variety of diseases other than lymphadenoma. Its further characters are under investigation, but in the opinion of Dr. Gordon the available evidence indicates that in all probability this pathogenic agent that is present in lymphadenoma glands belongs to the virus group. The question of its filterability is not yet settled.

These findings of Dr. Gordon's may have a valuable practical application for diagnosis, and give promise of being a great constructive advance in the aetiology of lymphadenoma—possibly the most marked since the original description of the histological features, in which another member of the Bart.'s pathological school, the late Sir Frederick Andrewes, did pioneer work.

The report of the Rose Research is profusely illustrated, and contains micro-photographs of a very high standard. In addition to the bacteriological report, a careful and independent study of the disease from the histological standpoint has been made by Dr. B. D. Pullinger, now Pathologist to the Mount Vernon Hospital. From her study of the minute tissue changes Dr. Pullinger infers that lymphadenoma consists of a progressive hyperplasia of one type of cell, the reticulum cell, from which both the giant-cells and the local eosinophiles are derived. The process would thus appear to be analogous to leukaemia. It will be observed that this view, which is entirely new and is derived from a study of material from some 40 cases of the disease, is not incompatible with the bacteriological evidence.

A NEW THEORY OF CANCER AND ITS TREATMENT. By C. F. MARSHALL, M.Sc., M.D., F.R.C.S. (Bristol: John Wright & Sons, Ltd. London: Simpkin Marshall, Ltd., 1932.) Parts I (pp. 53) and II (pp. 56). Price 3s. 6d. net per part.

"Surgeons long for some discovery which will enable them to cure cancer by some cunning drug introduced into the circulation."—BLAND-SUTTON.

Those who eagerly and possibly with optimism are ready to embrace the new and seductive theories as to the nature of malignant disease, which almost daily startle the journalistic and weary the scientific world, are doomed evermore to come out by the same door as in they went.

C. F. Marshall teaches that the origin of carcinoma and of sarcoma is in the chorionic villi. The blood contains leucin, which in the case of the former produces a form of ferric oxide in the tissues. Malignant disease can be diagnosed in its early stage by detecting changes in the serum, and can be treated by the injection of colloidal ferric chloride, supplemented by serum therapy. There are chapters on the radiographic diagnosis of cancer with allotropic radium and on preventive inoculation.

Though the print is clear, the two booklets can scarcely be described as attractive. Their speculative teaching lacks scientific precision, and there are no case-reports to give life to the author's theories. The work is clearly a "one-man-show."

EXAMINATIONS, ETC.

University of Oxford.

The following Degree has been conferred :

B.M.—Leishman, A. W. D.

University of Cambridge.

The following Degrees have been conferred :

M.D.—Goodwin, T. S., McCay, F. H.

M.B., B.Chir.—Thorne, V. T., Varley, J. F.

M.B.—Nicholson, B. C.

B.Chir.—Scott, J. L. S., Tubbs, O. S., Westwood, M.

Royal College of Physicians.

The following has been admitted a Member :

Honigsberger, M.

Royal Colleges of Physicians and Surgeons.

The following Diploma has been granted :

D.P.H.—Huss, C. B., James, E. T., Lawrence, I. B.

British College of Obstetricians and Gynaecologists.

The following have been elected Members :

Beattie, W. J. H. M., Stansfield, F. R.

Conjoint Examination Board.

Pre-Medical Examination, October, 1932.

Physics.—Henderson, J. L.

Biology.—Brown, E. E., Laverick, D., Stevenson, R. Y.

First Professional Examination, October, 1932.

Anatomy.—Bones, A. O., Dale, L. F., Dunn, R. W., Johnson, A., Macdonald J. M.

Physiology.—Beizer, L. S., Bones, A. O., Cole, M. J., Dale, L. F., Dunn, R. W., Johnson, A., Nicoll, J. A. V., Schiller, M., Williams, R. J. G., Young, W. J.

Pharmacology.—Buckland, L. H., Cereseto, H. G., Davies, D. L. L., Edwards, D. H., Lyons, R., Smallhorn, T.

Final Examination, October, 1932.

The following have completed the Examinations for the Diplomas of **M.R.C.S., L.R.C.P.** :

Bamford, J. B., Capper, W. M., Clark, E. M., Cutlack, A. R., Ghosh, S. K., Gunewardine, H. C. P., Hay-Shunker, C. L., Houghton, A. W. J., Lewis, B. S., Morgan, C. J., Russell, B. F. B., Snell, V. C., Symonds, J. W. C., Vaughan, H. B. D., Warren, C. B. M., West, J. H., Williams, H. M., Woods, T. G. R.

CHANGES OF ADDRESS.

DALE, D. D. R., *ex-Lloyds Bank*, Cairo, Egypt.

HUNT, C. L., Sutherland Lodge, 221, Unthank Road, Norwich. (Tel. Eaton 402.)

ROCHE, A. E., 140, Harley Street, W. 1. (Tel. Welbeck 2720.)

ROLLESTON, Sir HUMPHRY, Bart., Martins, Haslemere, Surrey. (Tel. Haslemere 647.)

STRUGNELL, Surg.-Cdr. L. F., R.N., S.M.O.'s Residence, R.M. Barracks, Stonehouse, Plymouth.

WHITBY, H. A. MORTON, 5, Great Marlborough Street, W. 1. (Tel. Gerrard 6372.)

APPOINTMENT.

HENSMAN, J. S., B.Ch.(Cantab.), M.R.C.S., L.R.C.P., appointed Honorary Anaesthetist, Hospital of St. John and St. Elizabeth.

BIRTHS.

CANE.—On November 15th, 1932, at Reepham, Norfolk, to Marjorie (*née* Perkins), wife of Dr. Maurice H. Cane—a sixth daughter.

CAPENER.—On November 13th, 1932, at Exeter, to Marion, wife of Norman Capener, F.R.C.S.—a daughter.

DICKS.—On November 18th, 1932, at "Stonefield," Blackheath, to Maud, wife of Dr. Henry V. Dicks—a daughter.

FELLS.—On September 14th, 1932, at Bristol, to Rosalind, wife of Dr. Roy R. Fells—a daughter.

FISHER.—On November 15th, 1932, to Barbara, wife of Surgeon Lieut.-Cdr. H. Holdrich Fisher, R.N., of 25, The Avenue W. 4—a son.

GOSSE.—On October 14th, 1932, in London, to Irene, wife of Philip Gosse—a daughter.

HOLDEN TINKER.—On November 4th, 1932, at Painswick, Glos., to Kathleen (*née* Bates), wife of R. W. Holden Tinker—a daughter (Margaret Eleanor).

OAKLEY WHITE.—On September 2nd, 1932, at Green Trees, Bassett, Southampton, to Alice (*née* Tait), wife of Dr. Herbert Oakley White—a son.

RHODES.—On October 30th, 1932, to Kathleen, wife of Richard L. Rhodes, B.Chir., M.R.C.S., L.R.C.P.—a daughter.

SCOTT.—On November 23rd, 1932, at 27, Welbeck Street, W. 1, to Betty (*née* Cairns), wife of Philip G. Scott, B.Ch., M.R.C.S., L.R.C.P., of 103, Canfield Gardens, N.W. 6—a daughter.

TISDALL.—On November 8th, 1932, at Westfield, Harrow-on-the-Hill, to Christina (*née* Corkran), wife of Dr. Oliver R. Tisdall—a son.

MARRIAGES.

PETTY—KNOX.—On November 9th, 1932, at Wolborough Church, Newton Abbot, by the Bishop of Plymouth, assisted by the Rev. H. J. Petty and the Rev. C. A. W. Russell, Gerald Fitzmaurice, only son of the Rev. H. J. and Mrs. Petty, of Tor Vicarage, Torquay, to Edith Stuart, second daughter of Lt.-Col. Sir Hamish and the late Mrs. Knox, of Grimspond, Newton Abbot.

SEYMOUR-ISAACS—MACKENZIE.—On September 26th, 1932, at Glasnevin Church, Dublin, by the Rev. R. Archdale Byrn, Hubert Neville, third and only surviving son of the late Rev. H. Seymour-Isaacs, M.A., first Vicar of St. Saviour's, Alexandra Park, N., and Jamaica, and Mrs. Seymour-Isaacs, 43, Wynnay Gardens, W. 8, to Leona Milne, younger daughter of the late R. Anderson Mackenzie and Mrs. Mackenzie, 38, Cremore Road, Dublin.

DEATHS.

BROWNLOW.—On November 5th, 1932, Harry Lurgan Brownlow, F.R.C.S., son of the late Captain Arthur Brownlow, R.N., C.B., of Shirley, Henley-on-Thames, aged 64.

CLARKE.—On November 22nd, 1932, at 44, Bryanston Court, W. 1, Ernest Clarke, C.V.O., M.D., F.R.C.S., of 149, Harley Street, aged 75.

COVENTON.—On September 11th, 1932, at The Grey House, Silverhill Park, St. Leonards-on-Sea, Charles Arthur Coventon, M.R.C.S., L.R.C.P., Knight of Grace of the Order of St. John of Jerusalem, aged 82.

CROSS.—On November 7th, 1932, after a long illness, at Shackleford House, Petersfield, Dr. Robert George Cross, aged 69.

GARDNER-MEDWIN.—On November 11th, 1932, suddenly, after an operation in London, Frank Medwin Gardner-Medwin, M.R.C.S., L.R.C.P., of "Angorfa," St. Asaph, N. Wales.

GRANT JOHNSTON.—On November 17th, 1932, at a nursing home, following an operation for acute appendicitis, Captain J. Grant-Johnston (Johnnie), of 54, Bouverie Road West, Folkestone.

GROOM.—On November 18th, 1932, at 6, Woolton Road, Garston, Liverpool, Henry Thomas Groom, L.R.C.P., son of John Russell Groom, aged 76.

HENDLEY.—On September 18th, 1932, at Perth, Lieut.-Col. Arthur Gervase Hendley, I.M.S.(retired), third son of the late Surgeon-General John Hendley, C.B., aged 66.

HUSBAND.—On July 4th, 1932, Henry Aubrey Husband, F.R.C.S.E., of Green Vale, Manchester, Jamaica, aged 88.

POWELL.—On November 1st, 1932, suddenly, at Bilton, Herbert Edward Powell, M.R.C.S., L.R.C.P.

PROSSER.—On November 5th, 1932, at Stafford House, Monmouth, Dr. T. G. Prosser, O.B.E., aged 76.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLANS, M.B.E., B.A., at the Hospital.

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone : National 4444.